



VILLAGE OF KEY BISCAYNE

Department of Building, Zoning and Planning

LOCAL TAX RECEIPT / LICENSED PROFESSIONALS

APPLICANT INFORMATION:

Name (Please Print): _____ Professional License #: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Cellular : _____ Email Address: _____

LICENSE LOCATION:

Name of Company: _____

Address: _____ City _____ State: _____ Zip Code: _____

Phone: _____ Contact Person: _____

I SWEAR THIS APPLICATION FOR A PROFESSIONAL TAX RECEIPT IS MADE FOR THE BUSINESS INDICATED HEREON AND IS TRUE AND CORRECT.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Application Date: _____

Fee Charge: _____

Occupational License Number: **L0** _____

Check #: _____